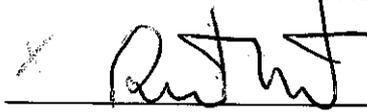


**Application for Membership  
Of Beverley Mort Private Pension Fund ("Fund")**

**(each member needs their own Application)**

**New Member Full Name** Robert Cameron Chisholm Mort **Date of Birth** 26/01/1968  
**Address of New Member** 40 Pandanus Avenue  
Coolum Beach QLD 4573  
**Employer** WYN RESORTS **Tax File No. (TFN)** 169 160 107  
**Trustee** Beverley Mort  
Robert Mort

1. After having read the Trust Deed and the Product Disclosure Statement in full, I apply for the membership of the Fund.
2. I consent to my Tax File Number being made available to the Trustee and any third party as required or where expedient. I also enclose a duly completed and signed Tax File Number Declaration (available from the ATO's website).
3. If applicable, I have been invited by the Employer for membership to the Fund.
4. I have been advised of the benefits which I am entitled to receive from the Fund on retirement, death disablement or termination of service with the Employer (where applicable).
5. In consideration of my admission to membership, I agree to abide by and be bound by the Trust Deed governing the Fund. I declare that I have no entitlement to any annuity and I am not a member of, nor have I received benefits from, any other superannuation fund or approved deposit fund, other than as set out on the attached page (please supply details of benefits paid or payable on a separate page).
6. I undertake to advise the Trustee, in writing, if at any time I receive or become entitled to receive a benefit from any superannuation fund or approved deposit Fund or deferred annuity not declared according to the above.
7. I undertake to advise the Trustee in writing of any contributions made by or on behalf of me, other than by the Employer, which would vary the amount specified above.
8. I agree to the Trustee acting as Fund Trustee. I consent to be a Fund Trustee or a director of the Trustee, as required. Further, I comply and give my consent in regards to any other rules for Trustee.
9. I enclose my Nomination Form which deals with how I want my Superannuation to be dealt with if I die.
10. I have read and understood the Fund's Trust Deed. I have noted the benefits payable under this Trust Deed. I have also received my own copy of the Product Disclosure Statement which was attached to this Application for Membership Form. I have fully read and understood the Product Disclosure Statement.
11. I acknowledge that I am not a disqualified person under any law or the SIS Regulations. Further, I undertake to advise the Trustee if I ever do become so disqualified.

  
Signed by the Applicant

23 Apr, 2011  
Date